

TELECOMMUTING DUTY FORM

FOR USE OF THIS FORM SEE ANGI 36-5. PROPONENT IS ANG/CIO

PRIVACY ACT STATEMENT

1. Authority: Title 5 US code Section 6311 SSAN: Executive Order 9397
2. Principal Purpose: Approve and record your use of telecommuting.
3. Routine Uses: Used by management and your payroll office to approve and record your use of telecommuting.
4. Additional Disclosure(s): To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; State Unemployment Compensation Office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or Local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of telecommuting administration; or to the General Services Administration in connection with its responsibilities for records management.
5. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Providing information on this form, including Your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

SECTION I

NAME	GRADE	SSN
------	-------	-----

UNIT

SECTION II

DATE	LOCATION	SUMMARY OF TASKS/PROJECTS WORKED ON	HOURS

*Time can be shown in quarter hour increments (i.e., 1.25 or .75 or 3.5).

TOTAL
HOURS**SECTION III**

Member requests that hours be approved for pay and points as follows:

Annual Training _____ Days

Special Training _____ Days

(minimum 8 hours accumulated for 1 day of either)

Inactive Duty Training periods _____

(minimum 4 hours per period)

This form does not replace any military pay documents. Member is responsible for the submission of pay documents.

TELECOMMUTER SIGNATURE	SUPERVISOR SIGNATURE
------------------------	----------------------